

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

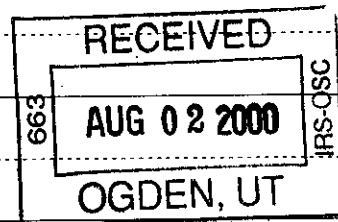
1 Name of organization Kenneth "Kim" Brimer Campaign		Employer identification number 75 2890912
2 Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 170154		
City or town, state, and ZIP code Arlington TX 76003		
3 E-mail address of organization KKbrimer@aol.com		
4a Name of custodian of records Neil Massey	4b Custodian's address 3773 Timberglen Road #802 Dallas TX 75287	
5a Name of contact person Neil Massey	5b Contact person's address 3773 Timberglen Road #802 Dallas TX 75287	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization
Candidate/Office Holder - State Representative

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
N/A		



Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name	9b Title	9c Address
Kenneth "Kim" Brimer	Office Holder	873 Thomas Crossing Burleson TX 76028
Jenna Brimer	Campaign Treasurer	873 Thomas Crossing Burleson TX 76028
Brandon Aghamelian	Legislative Aide	502 West 17th Apt I Austin TX 78701
Bonnie Bruce	Committee Clerk	2016 Yaupon Trail Round Rock TX 78664
Bob Powers	Legislative Aide	7406 Corvette Court Arlington TX 76016
Neil Massey	District Clerk	3773 Timber Glen Road #802 Dallas TX 75287
Jill Crocker	Administrative Assistant	7122 Wood Hollow Drive #77 Austin TX 78731

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date



8967

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **75-2890912**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Kenneth Brimer	
	2 Trade name of business (if different from name on line 1) Kenneth "Kim" Brimer Campaign	3 Executor, trustee, "care of" name Jenna Brimer - Campaign Treasurer
	4a Mailing address (street address) (room, apt., or suite no.) PO Box 170154	5a Business address (if different from address on lines 4a and 4b) SAME
	4b City, state, and ZIP code Arlington TX 75287	5b City, state, and ZIP code
	6 County and state where principal business is located Tarrant County - Texas	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►	

8a Type of entity (Check only one box.) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input checked="" type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Started new business (specify type) ►	<input checked="" type="checkbox"/> Changed type of organization (specify new type) ► Candidate/office Holder
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) Jan 1 1989	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ► Office Holder
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15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►	<input checked="" type="checkbox"/> N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(817) 572 3366

Fax telephone number (include area code)

(817) 572 3370

Name and title (Please type or print clearly.) ►

Signature ►

Date ► **8/31/00****Note:** Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying